



TERMS OF REFERENCE FOR A PROGRAMMATIC ANALYSIS

BMZ Proposal – Gender, Resilience and Peace & Conflict analysis Yemen 2026

SUBJECT: Resilience, gender and peace/conflict analysis related to a nexus project to strengthened access to integrated, quality primary health care services for women, children, and vulnerable communities in Southern Yemen

COUNTRY: Yemen

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DRAFTED ON: June 25th 2026

CONTEXT

ORIGIN OF THE REQUEST

The present Gender, Resilience and Peace & Conflict Analysis (GRPC) is being commissioned as part of the project design process in accordance with the donor's requirements for resilience-oriented programming in fragile and crisis-affected contexts. The analysis will serve as the foundation for the project's resilience strategy and Theory of Change by providing a comprehensive, gender-responsive understanding of the risks, crises, vulnerabilities, capacities, and opportunities that shape the lives of vulnerable populations in Southern Yemen.

Southern Yemen continues to face the compounded effects of protracted conflict, economic decline, institutional fragility, displacement, climate-related shocks, and limited access to basic services. These interconnected crises have weakened community coping mechanisms, strained social cohesion, and reduced the capacity of public institutions to deliver essential services. While humanitarian interventions remain critical, there is increasing recognition of the need to better understand the factors that influence resilience, vulnerability, and conflict dynamics in order to support more sustainable recovery pathways. Women and girls are disproportionately affected, facing heightened risks of gender-based violence, and reduced access to sexual, reproductive, and maternal health services, while increased caregiving and economic burdens further constrain their ability to exercise their rights and participate in community decision-making.

Within this context, the donor has requested a GRPC Analysis to inform the implementation of the project and strengthen its conflict sensitivity. The analysis aims to identify the key drivers of conflict and instability, existing sources of resilience and social cohesion, and the ways in which health



interventions interact with local power dynamics, vulnerabilities, and capacities. The findings will support adaptive programming and provide recommendations to maximize positive contributions to resilience and peace while minimizing the risk of unintended negative effects.

The analysis is expected to generate evidence on how communities, households, individuals, particularly women, and institutions cope with shocks, stresses and a context marked by significant gender inequalities. and to identify opportunities for strengthening local capacities, equitable access to services, and community engagement in fragile and conflict-affected settings.

BRIEF PRESENTATION OF THE PROJECT

The project seeks to contribute to equitable access to integrated, quality primary health care services for women, children, and vulnerable populations in Southern Yemen through strengthened Primary Health Care Centres (PHCCs), midwives' home clinics, community-based health services, and Ministry of Health systems.

The intervention is implemented in a context characterized by protracted conflict, economic instability, weakened public institutions, limited access to health services, and significant humanitarian needs. Women, children, IDP, and marginalized populations face heightened barriers to accessing essential healthcare, including maternal and child health, nutrition, MHPSS, and GBV services.

The project combines support to health facilities, community health volunteers, midwives, local civil society actors, and MoH structures to strengthen service delivery and health governance. Key interventions include the development of national community health guidelines, capacity building for CHVs and midwives, strengthening referral pathways, digitalization of health information systems, and community engagement mechanisms. Additionally, MDM will work with two partners in the implementation of the project : Yemen Women Union (YWU) working on protection and National Yemeni Midwives Association (NYMA) working on community based SHRH services.

Beyond improving access to health services, the project aims to strengthen resilience capacities at community, household, and individual levels. It reinforces stabilisation capacities through stronger community health systems and institutional coordination; adaptation capacities through responsive, community-informed service delivery; and transformational capacities through the standardization and digitalization of health services, increased community participation, and strengthened local leadership. Through these approaches, the project seeks to support a gradual transition from emergency dependency toward sustainable, locally owned health systems and improved social resilience.

EVALUATION OBJECTIVES AND TARGET AUDIENCE

OBJECTIVE AND AIM

In the context of this project proposal, Médecins du Monde Yemen is looking for a team of contractors to lead a GPRC analysis for this project. The objective is to obtain a comprehensive understanding of :

- i. Existing risks and crises in the given context,



- ii. The affected and responsible actors and structures as well as their strengths, potentials and competences (resilience capacities) for coping with risks and crises, and
- iii. The needs and opportunities to further strengthen these capacities for cross-sectoral crisis management.
- iv. Understand conflict dynamics - What is happening? Why? How?
- v. Identify root causes vs. symptoms
- vi. Map key actors and their interests
- vii. Assess risks and opportunities for peace
- viii. Inform programming and decision-making, including conflict-sensitive planning, peacebuilding strategies and practical applications of the “Do No Harm” principle
- ix. Gender-related risks, dynamics and barriers

It also aims to integrate a gender-receptive analysis of how these risks, crises and resilience capacities are shaped by gender roles, power relations and intersecting inequalities, and how women, men, girls and boys are differently affected and engaged as agents of change.

Building on this, transitional development assistance projects in fragile contexts can be designed to be risk- and crisis-informed in order to strengthen the resilience capacities of vulnerable people and structures, as well as gender-responsive. This analysis seeks to identify gendered patterns of participation in conflict and peace processes, analyse specific risks faced by women and girls (including gender-based violence and exclusion from decision-making), and explore opportunities to strengthen their access to and utilisation of safe, equitable, quality health and psychosocial services, as well as their capacity to cope with and recover from crisis-related impacts on their wellbeing and health.

The findings will serve as a key reference for decision-making, programming strategies, and the development of tailored interventions that address the intersection of gender inequalities and conflict-related risks.

SCOPE

The geographical focus of the analysis will cover 4 governorates under IRG controlled areas: Lahj, Aden, Abyan and Marib Governorates. The analysis will review the current situation and the impact of the project into resilience and peace/conflict perspective with a gender lens. 5 key scoping questions must be answered within this analysis:

- Against which risks/crises should resilience be strengthened?
- Where (geography)?
- Whose resilience (target groups, levels)?
- With what objective (stabilisation, adaptation, transformation)?
- What are the needs in terms of gender ? What can we do ?

TARGET AUDIENCE

The result of this analysis will be used by

- MdM staff at Yemen mission and MdM HQ level, to inform strategic planning, and improve programming.



- National and local partners, including the National Yemeni Midweries Association (NYMA) and the Yemen Women Union (YWU), to strengthen coordination and ownership.
 - Donor (BMZ), for decision-making on the quality of the proposal
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GUIDING QUESTIONS

The following questions will be framing and guiding the analysis :

Risk and crisis

- What are the risks and crises (economic, ecological, political, security-related and/or societal) affecting people's lives as well as governmental and non-governmental institutions, networks and organisations at the sub-national level?
- Which (acute and latent) conflict issues, dividing lines and phenomena of violence exist and impact the development of the affected people and community(ies)?
- How do the various risks and crises interact with each other (interdependences)? What dynamics exist between the various risks and crises?
- Which developments and risks are foreseeable for new/future crises or a change in the situation (worsen, remain the same or improve)? What is the probability that these risks will occur?
- How do crises, conflict, displacement and recurring shocks affect women, men, girls and boys differently?
- Which gender-specific protection risks exist ?
- How do intersecting vulnerabilities (age, gender, disability, ethnicity, minority status, displacement status, socio-economic status) influence exposure to risks?
- Which groups face the greatest barriers to accessing services, livelihoods and humanitarian assistance?
- What is the conflict about?
- Where is it taking place (geography, levels—local/national/regional)?
- What is the history of the conflict?
- What are the key milestones or turning points?
- What is the current situation?
- Who are the main actors involved?
- What are their interests, goals, and grievances?
- What power and influence do they have?
- What are their relationships (alliances/conflicts)?
- Who benefits from the conflict? Who loses?
- Is the conflict escalating or de-escalating?
- What patterns of violence or cooperation exist?
- How are alliances shifting?
- What are the short- and long-term trends?
- What local capacities for peace exist?
- Which institutions or actors promote dialogue?
- What shared interests connect conflicting groups?



- Are there examples of cooperation?
- How do gender norms contribute to conflict drivers or social cohesion?
- Are gender inequalities exploited by conflict actors?
- What opportunities exist to strengthen women's leadership in peacebuilding?

Relevant and affected actors

- How do individuals, households, communities, governmental and non-governmental institutions, networks and organisations at the sub-national level respond to crises, shocks and associated ongoing/ recurrent stresses? Which individuals, groups and structures are particularly vulnerable?
- Which actors or decision-makers on the ground have responded to and/or influenced the crises? How are they coordinating? Are there general agreed-upon guiding frameworks and strategies for action?
- What (power and hierarchical) relationships do exist between the actors involved and those affected by crises?
- What resources, capacities and scope for action do these actors have?
- What inequalities or injustices exist (political, economic, social)?
- Are certain groups excluded or marginalized?
- What governance or institutional weaknesses exist?
- What factors are currently fueling the conflict?
- What tensions exist between groups?
- What role do economic or political pressures play?
- What recent events escalated tensions?
- Are there upcoming risks (elections, reforms, shocks)?
- Who is most affected and how?
- What are the humanitarian, economic, and social impacts?
- How is the conflict affecting governance and services?
- How might interventions affect the conflict?
- What risks could programming create?
- How can interventions strengthen peace (not harm)?
- What are the socially prescribed roles and responsibilities of women, men, girls and boys?
- How have crises or conflict changed these roles and responsibilities?
- Who controls productive resources, income, land and assets?
- How are decisions made at household, community and institutional levels?
- Which social norms limit participation, mobility or access to opportunities?
- Are women or youth acting as peacebuilders, mediators or community leaders?
- Are women, youth and marginalized groups represented in community decision-making structures?
- Who participates in peacebuilding, conflict resolution and mediation mechanisms?
- Which groups are excluded from consultations or local governance?
- What barriers prevent meaningful participation?

Capacities and potentials for strengthening resilience



- Which actors have responded to the crises, shocks, and ongoing/ recurring stresses with which strategies or behaviours? With what results (including negative adaptation strategies)?
- How are affected people, governmental and non-governmental institutions, networks and organisations preparing for shocks and ongoing/ recurring stresses?
- What resilience capacities are already in place? How do the existing capacities relate to the three resilience capacities of stability, adaptation and transformation at the different levels of implementation (individual, household, community)?
- Which capacities are needed and should be strengthened? (Pick up and strengthen potentials) -> Resilience-Capacity-Matrix (see in deliverables)
- Which coping strategies are adopted by women, men and different social groups?
- Are negative coping mechanisms gender-specific?
- Which resilience capacities (stability, adaptation, transformation) differ by gender?
- What capacities already exist among women's groups, youth organizations or community networks?
- Which gender-transformative opportunities could strengthen resilience over the long term?
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Do no harm

- With regard to the crisis and conflict context, what are the possible unintended negative effects of the project? What are potential measures to mitigate the risks (Do No Harm)?
- How is engagement perceived locally (in terms of geographical focus, target groups, sectors, etc.)?
- Do they address all groups of people in the sense of the 2030 Agenda (Leave No One Behind)?
- Could project activities unintentionally reinforce unequal gender roles or power imbalances ?
- Could targeting criteria create tensions between women and men or among different social groups?
- Are safeguarding, protection from sexual exploitation and abuse (PSEA), and GBV referral pathways in place?
- Are consultation and feedback mechanisms accessible and safe for women, girls and marginalized groups?

Humanitarian-Development Peace Nexus

- Which humanitarian, development and peacebuilding actors are active in the context? What are their competencies and comparative advantages?
- Are there established HDP-Nexus coordination mechanisms? How and through whom can coordination and exchange be facilitated or agreed? What collective goals have already been formulated?
- Where does the project have concrete potential for cooperation and/or synergies with humanitarian, development and/or peacebuilding actors?
- What are the needs regarding the promotion of social cohesion (peace pillar) in the local context and what are the possibilities to strengthen social cohesion?
- What is the potential for synergies with peacebuilding actors?

Gendered risks, barriers and intersectionality

- How do crises, conflict, displacement and recurring shocks affect women, men, girls and boys differently?



- How do intersecting factors such as age, disability, displacement status, marital status, socio-economic situation, ethnicity or minority status shape women's and girls' exposure to risks and barriers to access?
- Which specific protection, health, psychosocial or social risks affect different groups of women and girls?
- Which barriers limit their safe and dignified access to services, information, mobility, participation and decision-making?

Gender norms and power relations

- What are the prevailing gender norms that shape the roles, responsibilities, mobility and behaviour of women, men, girls and boys?
- Which specific norms most strongly influence access to healthcare, care-seeking, prevention practices, participation in public life and control over resources?
- How have conflict, displacement and economic hardship modified or reinforced these norms?
- How are decisions made within the household and community, including on healthcare, spending, mobility and children's wellbeing?

Women's resources and resilience

- What resources do women and girls currently rely on to cope with crises and daily constraints, including family support, community solidarity, women's groups, informal networks, digital support, knowledge, skills or income-generating activities?
- Which of these resources are accessible to all women, and which are only available to certain groups?
- What existing capacities among women, community actors or local services could be strengthened to support inclusion, health and resilience?
- Which barriers and resources should be considered when assessing the feasibility of specific inclusion measures or adapted service delivery strategies?

Gendered Perceptions of health, illness and prevention

- How do women, men, girls and boys perceive health, illness, prevention and wellbeing?
- What is considered a health problem requiring care, and what is considered normal, private or shameful?
- How are maternal health, child health, mental health, nutrition, GBV-related care and psychosocial distress understood and discussed?
- What beliefs, norms or practical constraints influence care-seeking and prevention behaviours?

Women's specific interests and priorities

- What do women and girls identify as their main priorities in the current context, in relation to safety, health, wellbeing, daily life and dignity?
- What kinds of support do they consider most useful, acceptable and relevant?
- What are their preferences regarding where, when and how services or activities should be delivered?
- Which needs and priorities are currently overlooked by households, communities or service providers?



Implications for inclusion strategies and tools

- Which groups of women and girls are most at risk of exclusion from project activities or services?
- What dedicated inclusion strategies would be needed to reach them safely and meaningfully?
- What level of adaptation appears feasible in the current context, considering social norms, security, service capacity and community acceptance?
- Which tools, modalities or facilitation approaches seem most appropriate and acceptable for engaging women and girls and responding to their priorities?

Questions of quality assurance

The following questions serve to ensure the quality of the analysis:

- Have communities, partners and other relevant stakeholders been involved in the analysis and in the design of interventions to promote local engagement and ownership?
- Did the design of the project take into account the existing plans, projects and programmes of other actors in the local context to avoid duplication and to promote synergies?
- Does the design of the project and the measures reflect the lessons learned in the respective context?
- Does the analysis clearly demonstrate in which sectors and for which target groups the risks and needs are particularly prevalent and require special attention? Are the measures of the project aligned with them?
- To what extent does the analysis explicitly and systematically integrate gender, social inclusion and conflict sensitivity in its methodology, findings and recommendations? Do the resilience capacities - stabilisation capacity, adaptation capacity, transformation capacity - clearly emerge from the resilience analysis? Has a resilience capacity matrix been developed?
- Does each recommendation explicitly refer to a crisis, risk or resilience capacity described in the resilience analysis? Is there a comprehensible results logic between activities, outputs, outcomes and, if applicable, impacts? Is the "how" and "why" of these results clearly described? Does the results logic clearly refer to the analysis?

METHODOLOGY PREFERENCES

QUANTITATIVE / QUALITATIVE METHODS

1. Desk review (preliminary analysis)
 - existing data (fragility, existing rapid gender analysis, conflict, etc.)
2. Field data collection
 - focus groups
 - interviews
 - participatory discussions
 - observations
3. Validation with stakeholders
 - workshops
 - Triangulation



Strong emphasis on:

- Local perception
- Gendered
- Participatory approach
- Combining qualitative and quantitative data

KEY DOCUMENTS

The analysis is expected to review and analyze the following documents to ensure a comprehensive understanding of the project, its context, and strategic alignment:

- The External Evaluation Terms of Reference (ToR)
- Yemen Humanitarian Response Plan (HRP) and Humanitarian Needs Overview (HNO)
- MdM Yemen Country Strategy and Advocacy Strategy
- Previous project evaluation report
- Logframe and CN of the current proposed project
- Health facility service data and registers (PHC consultations, SRHR, MHPSS, Nutrition, and GBV service data)
- Relevant MdM policies, technical guidelines, and training materials (e.g., MHPSS protocols, GBV referral pathways, SRHR guidelines)
- Examples of resilience and peace/conflict analysis produced in MDM other countries of intervention
- BMZ guidelines on resilience and peace/conflict analysis

KEY INDIVIDUALS / INSTITUTIONS

The contractors team is expected to consult the key MdM staff, implementing partners, local authorities, and project beneficiaries. This includes:

- Coordination office team, Program Coordinator, HQ Health advisor, MHPSS Coordinator, MEAL advisor, technical managers (Health, SRHR, MHPSS, GBV, Nutrition), and field-based supervisors.
- NYMA and YWU technical staff
- Facility managers, doctors, nurses, midwives, psychologists, social workers, and community health workers.
- Representatives from Governorate Health Offices (GHOs), District Health Offices (DHOs), and other relevant stakeholders (e.g., local NGOs where collaboration exists).
- Security forces (police, military where appropriate), Community leaders (tribal, traditional, religious), Elders and informal leaders, Women's groups including women leaders.
- UN agencies INGOs, Donors, Diplomatic actors
- Displaced persons (IDPs/refugees), Minority groups, Conflict-affected households
- Community volunteers (CHVs, CVs), community leaders, and direct service users who have accessed PHC, SRHR, MHPSS, Nutrition, or GBV services.



EXPECTED PRODUCTIONS AND FEEDBACK

DELIVERABLES

The deadlines for the various deliverables can be found below.

Deliverable	Description	Format
Inception report	Outlines the proposed methodology, work plan, analytical framework, sampling strategy, data collection approach, stakeholder mapping, ethical considerations, quality assurance measures, and detailed timeline for the assignment.	Word
Collection tools	Set of quantitative and qualitative data collection tools, including interview guides, focus group discussion guides, survey questionnaires (if applicable), observation checklists, consent forms, and any other instruments required for the assessment.	Word
Draft report	Preliminary analytical report presenting initial findings, analysis, conclusions, and recommendations for review and validation by the commissioning organization.	Word
Final report	Final revised report incorporating comments received during the review process. The report should include an executive summary, methodology, findings, analysis, conclusions, recommendations, and annexes. It shall also include the analytical outputs developed during the assessment, namely: <ul style="list-style-type: none"> - A Conflict Tree, - A Power–Interest Matrix, - An Attitude–Behaviour–Context Triangle, - A Dividers & Connectors Analysis (Do No Harm). 	Word
Resilience capacity matrix	See below the required sections	
Gender Analysis Matrix	See below the required sections	

Inception report

An inception report will be produced at the start of the mission by the evaluation team after having reviewed the key documents and the initial interviews. Amongst other things, the inception report defines and formalises the planned methodology and the evaluation matrix, sets out the necessary data collection instruments (interview guides, etc.) and suggests a realistic work plan with a detailed



and final calendar. The inception report will be submitted to the Steering Committee for comments and validation during the inception meeting.

Analysis report

The final report should provide:

- A comprehensive resilience and conflict analysis;
- A completed resilience capacity matrix;
- Identification of key risks, vulnerabilities, and resilience capacities;
- Analysis of conflict drivers, dividers, and connectors;
- Recommendations for strengthening stabilization, adaptation, and transformation capacities;
- Conflict-sensitive programming recommendations;
- Recommendations for project design, targeting, implementation modalities, and monitoring.
- Annexes :
 - Gender analysis matrix:
 - Purpose and scope of the gender analysis
 - Methodology, limitations and intersectional approach
 - Gender roles, norms and power relations
 - Differential impacts and gendered risks
 - Barriers to access (health, SRH, GBV, MHPSS)
 - Women’s specific interests and priorities
 - Perceptions of health, illness and prevention
 - Coping strategies, resources and resilience capacities
 - Implications for inclusion and feasibility of adapted approaches
 - Key findings and operational recommendations (gender lens) including MEAL measures to track gender and inclusion.
 - A resilience capacity matrix (will be provided)
 - This matrix is used to: identify gap, define priorities and feed directly into the ToC and indicators.

	Stabilisation capacity	Adaptation capacity	Transformation capacity
Definition	<i>...enables people to meet their basic needs and enables structures to maintain their functionality thereby ensuring survival in (and after) crises.</i>	<i>...empowers people and structures to adapt to long-term changes, cope with negative impacts and, ideally, minimize them.</i>	<i>... promotes structural change to create sustainable livelihoods by tackling the root causes of vulnerability.</i>
Individual level			
Household level			
Community level			
(other subnational levels)			

The body of the report, in Word format, must be maximum **40 pages font size 11 and simple line spacing**, and must include the following:

- Executive summary (5 pages maximum)
- Introduction
- List of acronyms
- Context (description of the project)
- Objectives of the analysis



- Methodology and limits
- Key Outputs
- Main results and analysis
- Conclusions and recommendations
- Annexes

ORGANISATION OF THE EVALUATION MISSION

LOGISTICAL AND ADMINISTRATIVE ORGANISATION

Equipment

- **Computer:** MdM will not provide a computer. The contractor's team is expected to use their own equipment.
- **Printers:** Available in the two MdM offices Aden and Marib, for routine printing needs. The Contracting team will be responsible for printing the final report.
- **Office Space:** An office will be provided, which may be shared with MdM colleagues depending on availability. A dedicated room for interviews will also be made available.
- **Vehicle:** The cost of renting a 4x4 vehicle should be included in the budget proposal (for Aden, the daily rate is of 100 USD/day and for Marib, 130 USD/day)

Communications resources

Internet: Available in the two offices in Aden and Marib with internet connection (3g, Wi-fi or Satellite). Usually, the bandwidth is strong enough to send E-mails and for regular communication but could experience small cuts. In the field, internet connection will not be available outside the office

Travel/Accommodation

- **Accommodation:** Accommodation costs should be borne by the team of contractors and visible in the proposed budget. However, MdM could also support in the housing if needed (on the contractors budget and depends on availability).
- **Vehicle Use:** Vehicle rental costs are borne by the team of contractors. MdM could however facilitate the process with rental companies.
- **Movement Restrictions:** For security, movement requests must be submitted 72 hours in advance to field coordinators. Depending on the context, some requests may be denied or canceled by coordinators or authorities.

Administrative formalities

For field work :

- in Aden : no specific administrative authorization is required to conduct KII or FGD, or other data collection activities. However, community leaders should be informed in advance of any field activities.
- In Marib, permits will be required and MdM will support the team to obtain these permits.



SAFETY/SECURITY

The Consultant/Contractor shall bear full responsibility for their own safety and security, as well as that of their personnel, throughout the assignment. MdM shall not be held liable for any incidents, injuries, or losses incurred. The Consultant/Contractor is expected to assess risks, put in place appropriate mitigation measures, and adapt activities in line with the prevailing security situation.

The Consultant/Contractor must ensure that all activities are conducted in accordance with the “Do No Harm” principle, avoiding any actions that may exacerbate tensions or negatively affect communities. All engagement must be conflict-sensitive, inclusive, and respectful, ensuring that no harm, risk, or unintended consequences arise for participating individuals or groups. Participation should be voluntary, and sensitive information must be handled with confidentiality.

The Consultant/Contractor shall comply fully with all applicable national laws, regulations, and recognised ethical standards, while respecting local customs and norms. They are responsible for the conduct of their personnel and must ensure that all activities are carried out in a lawful, professional, and ethical manner. Failure to comply with these requirements may result in termination of the contract.

STEERING AND REPORTING

Steering committee

The Steering Committee is composed of :

- Program Coordinator
- Grant Coordinator
- MEAL Advisor
- Gender Advisor
- YWU Focal point
- NYMA focal point

TIMETABLE

The external evaluation should be conducted between **13/07/2026** and **16/08/2026**, as detailed in table below.

Phase	Timeline
Preparation / Inception (document review and briefings)	13/07/2026 – 20/07/2026
Validation of collection tools	21/07/2026 - 22/07/2026
Fieldwork (data collection and analysis)	23/07/2026 – 31/07/2026
Drafting of Provisional Final Report	02/08/2026 – 13/08/2026



Presentation of Findings & Final Report	16/08/2026
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The activity schedule is for guidance and is liable to be modified at any time, depending on the context and on the security situation

AVAILABLE BUDGET

The total budget available for this evaluation is _____ USD(including VAT) maximum, inclusive of all costs including contingency costs (maximum 5%), the remuneration of the evaluation team (fees and *per diem*) and any other costs connected to the performance of the evaluation.

The evaluation team will submit a detailed budget proposal showing costs broken down by expense item. The budget proposal must be stated inclusive of VAT, based on the following model:

	Unit (State*)	Unit cost (USD)	Total (USD)	Comments
Remuneration				
- Fees		\$	\$	
Transport				
- Car rental		\$	\$	
Accommodation		\$	\$	
Communications		\$	\$	
Other (detail)		\$	\$	
TOTAL INC. VAT		\$	\$	

* Number of days, package, description of flights, etc.

SKILLS REQUIRED FOR THE MISSION

The evaluation team will be in charge of setting out an appropriate approach and methodology, supporting and carrying out the evaluation process, collecting and analysing the necessary data, producing and delivering the inception report and any other productions anticipated, and also providing feedback as stated in these Terms of Reference.

The skills required for the mission are:

- Track record of conducting evaluation on conflict studies, development, gender and resilience - with at least 3 evaluations of the kind in health projects in Yemen
- Strong understanding of resilience framework and conflict sensitivity approaches
- Team of Yemen nationals with access to the field of study
- Relevant technical profiles of the evaluator(s) University degree.



- In the case of an evaluation team, propose a gender-balanced team to ensure access for women and girl beneficiaries.
- Fluent in English and Arabic both spoken and written
- Experience in participatory/qualitative information collection methodologies.
- Experience within evaluations of complex strategies or projects in international development cooperation, especially in health projects.
- Proven track record in conducting data collection and evaluation studies, especially in health projects an asset.
- Demonstrated experience in cultural sensitivity.
- Excellent writing skills.
- Not have been linked to design, management, or execution of the intervention to be evaluated.
- Ability to be mobilized and access project sites with limited logistical and administrative (mandatory support documents for authorities) support of MdM.
- Full understanding and respect of humanitarian principles, MdM network CoC, and PSEA policies.

Preferable

- Professional experience within an NGO, with better understanding of the constraints in the field and credibility with teams, knowledge of MdM a plus.

APPLICATION FILE

HOW TO SUBMIT AN APPLICATION

Applicants are invited to submit a complete file of between 10 and 15 pages (excluding CVs) via email to: supplyadv.yemen@medecinsdumonde.net or ssco.yemen@medecinsdumonde.net with the subject line **“GRPC Yemen Evaluation”**. Applications filed in any other manner will not be taken into consideration. The file is considered complete if it includes the following 3 elements:

1. **Technical proposal** including:

- An understanding of the terms of reference;
- The technical approach developed and the detailed methodology;
- Details regarding team members, how responsibilities are shared between them, the CVs proposed and the availability of the team members as well as the legal status of the members of the consultancy team and/or evaluation firm to which the consultant(s) belongs;
- The provisional calendar for the mission and an estimate of charges per person, per day;
- References from 2 similar projects previously completed.

2. **Financial proposal** including:

- The total budget (inc. VAT);
- A detailed itemised breakdown (inc. VAT) of the budget (fees, living expenses, transport, interpreters, etc.).



3. **Sworn statement** confirming (the absence of) any conflicts of interest.

The deadline for submitting an application is **09/07/2026 at 23.59pm Yemen time.**

INSTRUCTIONS FOR BIDDERS

In order to be authorised to apply, bidders must be able to establish, at the discretion of MdM-F, that they meet the legal, technical and financial conditions applicable and that they have the necessary capacity and sufficient resources to carry out the mission. The following rules are aimed at helping the bidder prepare a complete document that meets the requirements of MdM-F.

Content of the offer of services

The bidder must provide all necessary and sufficient information to enable the technical and budgetary proposal to be correctly evaluated. The information provided must be succinct and cover all aspects. The bidder must be able to show how it holds the required qualifications to carry out the mission. The bidder may add any information considered relevant.

Exclusion criteria

MdM-F will exclude from the contract procedure any bidders to which any of the following applies:

- Bankrupt or the subject of bankruptcy or liquidation proceedings, court-ordered restructuring or preventive arrangements, having ceased trading or in a comparable situation as a result of proceedings of the same kind under domestic legislation or regulations;
- Convicted via a judgment having *res judicata* (i.e. no longer subject to appeal in any manner) of any offence impacting their professional morality;
- Guilty of serious professional misconduct established via any means by MdM-F;
- Having failed to comply with their obligations regarding the payment of social security contributions or their tax obligations under the relevant provisions of law;
- Convicted via a judgment having *res judicata* on charges relating to fraud, corruption, participation in organised crime or any other unlawful activity;
- Which, following the signature of another contract, was declared to have committed a serious breach of contract due to failure to comply with their contractual obligations.

Bidders must be able to certify via any appropriate means that they are not currently in any of the situations described above.

Ineligibility clauses

Contracts are not awarded to bidders who, during the bidding phase:

- Find themselves in a conflict of interest with or have a specific link to any other bidders or parties to the project; any attempt made by a bidder to obtain confidential information, to enter into unlawful arrangements with its competitors or to influence the Steering Committee for the mission or MdM-F during the course of the examination, clarification, evaluation and comparison of the bids will lead to the rejection of the bid;



- Make inaccurate declarations when submitting the information required by MdM-F in order to take part in the contract or fail to provide such information.

Grounds for rejection

MdM-F and the bidders shall comply with the highest possible ethical standards when negotiating and performing contracts.

MdM-F will reject any proposal submitted by a bidder and terminate the relevant contract if it is established that this bidder has engaged in acts of corruption, fraud, collusion or coercion. The administrative or financial sanctions applied must be in proportion to the size of the contract and the seriousness of the misconduct established.

MdM-F has a duty to ensure that all bidders and applicants have no involvement whatsoever in child labour and respect all basic employment rights and rules on working conditions. They must themselves make a commitment not to purchase goods from suppliers involved in child labour or violating basic employment rights and/or rules on working conditions.